BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

SAND-POZYB-CIP

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		
		1	(Column 1)		(Column 2)		Ī	TYPE		OR.	SMALL ENTITY	
TOTAL CLAIMS			16					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	/6 minus 20=		*			X\$ 9=		OR	X\$18=	
	EPENDENT CL		minus 3 =		* 2			X42=	84.	ÖR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0"					r "0" in c	olumn 2	ı	TOTAL	454	OR	TOTAL	
	C	•	f,	. A the	~	OTHER	THAN					
		(Column 1)	(Column 2)			(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A.		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	_	OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPE				·) [+140=		OR	+280=	
							ı	TOTAL		OR	TOTAL	
	(Column 1) (Column 2)					(0.1		ADDIT. FEE	<u>.</u>	10	ADDIT. FEE	L
Ė		(Column 1)	1		mn 2) HEST	(Column 3)	1 r		4551	 I		1.55
AMENDMENT B		REMAINING AFTER AMENDMENT		NUN PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u></u> .	=		X\$ 9=		OR	X\$18=	
	Independent			T OL A114	<u> -</u>		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+140=	·	OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											• • • • •	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	r	NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1 (1) 1 (2)	RATE	ADDI- TIONAL FEE
	Total	* 2 Kg + 2 Kg	Minus	**		=		X\$ 9=	Language with	OR	X\$18=	
	Independent		Minus	***		=		X42=	* 12 m		X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								162.00	OR	A. A. A. W.	The state of the s
								+140=		OR	,+280 <u>=</u>	
**	* If the "Highest Number Priviously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Priviously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Priviously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT FEE											
		nhar Praviously P					er fo	und in the an	propriate bo	x in d	olumn 1.	